


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90050 024 ****61.25

DOCUMENT # N29484 1. Entity Name TAMPA PHARAOHS, INC.			
Principal Place of Business P O BOX 684 TAMPA, FL 33601		Mailing Address C/O DANIEL H. MORTON 9238 N. HYALEAH RD TAMPA, FL 33617	
2. Principal Place of Business P O BOX 272417 Suite, Apt. #, etc.		3. Mailing Address P O BOX 272417 Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33688-2417		Zip 33688-2417	
Country USA		Country USA	
4. FEI Number 59-2956609		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUFOR, GEORGE ALLEN ESQ. 9238 N. HYALEAH RD TAMPA, FL 33617		7. Name and Address of New Registered Agent Name DANIEL H. MORTON Street Address (P.O. Box Number is Not Acceptable) 9238 N. HYALEAH ROAD City TAMPA FL 33617-5249	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE DANIEL H. MORTON <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Daniel H. Morton <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWS, JIM R 764 CAPTIVA CT NE SAINT PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD WHITE, CHUCK 5119 19TH AVE TAMPA, FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORTON, DANIEL H 9238 N HYALEAH RD TAMPA, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWIERCZYNSKI, LEE 2358 ASHMORE DR CLEARWATER, FL 33763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD PASTAN, HERB 12169 145TH ST LARGO, FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Daniel H. Morton <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/10/04 <small>Date</small>	
813/960-7000 <small>Daytime Phone #</small>			